



City Of Raleigh
North Carolina

PUSHCART/ VENDOR APPLICATION

APPLICANT INFORMATION

OWNER/ CORPORATION/ LLC: _____

ADDRESS: _____

TELEPHONE # _____ FAX # _____

LOCATION ADDRESS _____

CONTACT PERSON: _____

TELEPHONE # _____ CELL: _____

HAVE YOU BEEN IN BUSINESS PREVIOUSLY FOR A MINIMUM OF 6 MONTHS _____

(If YES, please provide proof of business to claim location advantage)

LOCATION DETAILS: _____

CHECK LIST

HOME OCCUPATION PERMIT _____ CITY OF RALEIGH BUSINESS LICENSE _____

VALID INSURANCE POLICY _____ INDEMNITY AGREEMENT _____

COPY OF HEALTH/ AGRICULTURE DEPARTMENT INSPECTION _____

LOCATION DETAILS _____ LIST OF PRODUCTS _____

LETTER FROM RESTAURANT _____ PARKING FOR CART _____

PERMIT FEES _____ OTHERS, IF NEEDED _____